(STATE OF TEXAS)

CERTIFICATION OF VITAL RECORD

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

1. LEGAL NAME OF DE	CEASED (Incl	lude AKA's		Middle, Last)	OF DE	ATH	STATE	FILE NUI	VIBER	OF DEATH	12-0365 ACTUAL OR PRES	
1		1000	27.45.000				(141)			d-yyyy)	alaska orden	
TROY MARCUS S	4. DATE OF	BIRTH (m	nm-dd-yyyy)	5. AGE-Last Bir	thday	LIF UNDER	YR TIFUND	ER 1 DAY	6. BIRT	FEBRU HPLACE (CI	ARY 12, 2012 y & State or Foreign Co	
MALE		UARY 2		(Years)	48	Mo	Days Hour			ON, TX		
7. SOCIAL SECURITY N		UNIXI Z	8. MARITAL	STATUS AT TIME		H Marri	ed 9 SUR	VIVING SPOUSE			me prior to first marriage	
454-29-2884			Widowe	d Divorced	☐ Never	Married Unkn	ALLIS	SON BARNE	S			
10a. RESIDENCE STRE	ET ADDRESS	S				LO JUL			Oc. CITY OR	TOWN		
1734 MORALES						-A 1			CORPUS			
10d. COUNTY			10e. STAT	E		10f. ZIP CODE			10g. IN	10g. INSIDE CITY LIMITS?		
NUECES			TEXAS	-			78416		2	Yes	□ No	
11. FATHER'S NAME					12	MOTHER'S NAME	PRIOR TO FIRS	MARRIAGE				
MILTON STEWAR	RT					ARJORY BRO						
IF DEATH OCCURRED	IN A HOSPITA	AL:		ATH OCCURRED	SOMEWHE	F DEATH (CHECK ERE OTHER THAN	A HOSPITAL		100			
The second secon	R/Outpatient					Home Dece						
14. COUNTY OF DEATH	1	15.	CITY/TOWN,	ZIP (IF OUTSIC	DE CITY LIN	ITS. GIVE PRECIN	(CTNO) 16. FA	CILITY NAME (II	not institutio	n, give street	address)	
NUECES		C	ORPUS C	HRISTI, 7840				OHN MEMOR				
17. INFORMANT'S NAM	E & RELATIO					NG ADDRESS OF						
ALLISON STEWA	RT - WIFE	-			1734 N	ORALES, CO	RPUS CHRI	STI. TX 7841	6			
19. METHOD OF DISPO	SITION					ND LICENSE NUM				21.	☑ Unkn	
	Cremation	Pamousi 6	Donation	1	- Just					Section		
Other (Specify)		Removal fro	III State			ONZALES ,BY	ELECTRON	IC SIGNATU	RE-	Block		
22. PLACE OF DISPOS	ITION (Name	of cemeters	, crematory o	(ther place)		LOCATION (City/	own, and State)			Lot		
			71.0		-					Space		
SOUTH TEXAS C		NS	-		Ri 25	COMPLETE ADDI	RESS OF FUNE	RAL FACILITY (S	treet and Nu		tate, Zip Code)	
			21.45		100	25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)						
RITCHEA-GONZA 26. CERTIFIER (Check		ERAL H	OME		112	0 S. MCCALL	STREET, SI	NTON, TX 7	5387			
Certifying physician-To	the best of my k											
Medical Examiner/Justi 27.SIGNATURE OF CE		- On the bas	is of examinatio	n, and/or investigation		ion, death occurred a DATE CERTIFIED		29. LICENSE N			DEATH(Actual or presu	
RAY FERNANDE	7 DVELE	CTPON	IC SICNAT	TIDE	SAL	MARCH 23	2012	H8924	_		03:12 444	
31. PRINTED NAME, A					Zip Code)	WIARGH 23	2012	110324	,	32. TITLE	03:12 AM OF CERTIFIER	
RAY FERNANDE	7 2610 HC	SPITAL	BLVD CO	ORPUS CHRI	STI TX	78405				MD		
33. PART 1. ENTER	THE CHAIN	OF EVEN	TS + DISEASE	S, INJURIES, OF	COMPLIC	ATIONS - THAT DI					Approximate interval Onset to death	
I ENMINAL EVENT	T ABBREVIA	TE. ENTER	ONLY ONE	CAUSE ON EACH	I.	NTRICULAR FIBRIL	EATHOR WITHOU	or Griowing 1	-			
The second second		SUI		RDIAC DEATH		CARDIOME	GALY, DIABE	ETES MELLI	TUS, AND)	MINUTES	
IMMEDIATE CAUS	SE (Final			HOCEDURE		(or as a conseque	ince of):				WINGTES	
IMMEDIATE CAUS	SE (Final		STRAINT P									
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ISSUED

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

authority of Section 191.051, Health and Safety Code.

GERALDINE R. HARRIS STATE REGISTRAR осн

